City of Hermosa Beach 1315 Valley Drive, Hermosa Beach, CA 9025 310.318-0203 - Fax 310.372-6186

Dan Bonelli, MCFI, CFEI, CFII, CVFI

Name (please print)

For City Clerk's Use Only:

Date Requestor Notified

MAY 0 8 2017 Received By:

CITY OF HERMOSA BEACH

Date Referred: 5-9-17

Sue@advancedanalysis.net

Date Picked Up or Mailed

Public Records Request

The City of Hermosa Beach encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney—client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

Email:

Address:		Phone:	
31879 Corydon Road Suite 130		951-674-4140	
City:		Fax:	
Lake Elsinore, CA 92530			951-674-4170
Record or Document Requ			
To assist the City with your	request, please identify each reque	ested record/docur	nent separately. Please be as specific as
			rove to be burdensome and therefore the
City may not be able to resp	oond. (Additional sheets may be us	sed) Submit all re	equests to the City Clerk's Office.
Fire Incident Repor	t:		
Loss Location:	542 Hermosa Ave		
	Hermosa Beach, CA 90254		
Date of Loss:	4/28/2017		
Time of Loss:	10:30 am		
released. I agree to pay all applicable		Council Resolution	e). Fees must be paid before records are n of Fees for any copies I request of the edit card accepted in person only.
Signature		Date	
For Departmental Use Only:	Action Tokon	P ₁₄	Date
Action Requested: Review Only	Action Taken: Document Reviewed	By	on-Existent Document
Copies Requested	Copies Provided		on-Existent Bocument Other (Please Explain)
opics requested	oopiooiiioiiaoa		The second second

Refusal/Reason

Notified By: